## NATS Intake Form

**Neighborhood Action Team Seattle** 

## **Project Number:**

Originating Agency	Contact Person Phone		Date							
Complaint Location										
Complainant's name (last, first, middle)	Ac	ddress	Phone							
<u>Type of Activity</u> (check appropriate complaint category)										
Abandoned Vehicles Animal Building Violations Business Nuisance Chronic Nuisance Property Crimes Drug Houses	Gang Activit Graffiti Youth Senior Issue Parks Apartment E	es [	Licensed Premises Prostitution Traffic/Parking Vandalism Schools Other:							
SCANNING: (describe the m	ualdana)									

SCANNING: (describe the problem)

IDENTIFY STAKEHOLDERS / AGENCIES: (e.g. victims, suspects, business....)

MIS	SC:							
Age	•	ion/Contact Nam	e					
Ш	City Light			$\Box$	METRO			
	DCLU	7.1.5			Neighborhoods (DON)			
	Finance				Police			# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Fire				SEATRAN (Engine	ering)		
	Health				SPU/Solid Waste			
	Housing Au	thority (SHA)			SPU/Water			
	Law				Transportation			
	Liquor Cont	rol			Other			

**PRIOR HISTORY:**